



**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
CREDIT/DEBIT CARD CHARGE AUTHORIZATION**

INSTRUCTIONS FOR COMPLETING FORM: THIS FORM MUST BE TYPED. A new form must be completed and submitted to the Court Clerk with **each request to charge** if the filing is made by:

- ✓ A person other than the person or business named on the credit or debit card; or
- ✓ A person other than the authorized signator on the credit or debit card; or
- ✓ Mail or fax. An emailed request will be rejected.
- ✓ An attorney or creditor presenting a credit or debit card bearing their name **is not** required to submit this form.
- ✓ One Authorization Form is sufficient for multiple simultaneous filings on the total credit or debit card charge.

To prevent rejection of the charge, this form must be **COMPLETED IN ITS ENTIRETY**. A handwritten original or faxed signature is required. This form may be retained by the Court Clerk for the purpose of verifying the charge. Questions concerning the form should be addressed to Anita Van Cleef at 405 609-5700.

AUTHORIZATION TO CHARGE FILING FEES

A new and separate form is required for each request to charge.

I hereby authorize the U.S. Bankruptcy Court for the Western District of Oklahoma to charge the credit card listed below for the payment of fees, costs, and expenses which are incurred by the authorized user listed below. I certify that I am authorized to sign the credit or debit card and/or I am authorized to sign this form on behalf of my law firm, corporation, partnership, or business. I understand that, if the charge is not accepted by the issuing company, another form of payment will be required before the pleading will be filed. I understand that this form may be retained by the Court Clerk for the purpose of verifying the charge.

Name on Credit Card: _____

Name of Person Signing Authorization: _____

Signature: _____ Date: _____

Names of Authorized Users: List the names of individuals presenting pleadings for filing who may charge the filing fees.

Typed Name of Filer

Signature of Filer

Name of Law Firm/Corporation/Partnership/Business: _____

Exact Billing Address as it appears on the credit/debit card:

Street Address or Post Office Box: _____

City: _____ State: _____ Zip _____

Contact Person: _____ Telephone Number: _____

Account Number: _____ Expiration Date: _____/_____/_____

Card Type (Check One)

☐ MasterCard ☐ VISA ☐ Discover ☐ Diners Club ☐ American Express (Four digit ID number _____)

☐ MasterCard Debit ☐ VISA Debit